

**SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES**  
**2000 PRIMARY AND GENERAL ELECTIONS**

State of Nevada

BOB WOLF I. V. G. I. D. TRUSTEE

Candidate's Name(print)

Office

District (if applicable)

N/A

596 TYNER WAY, Incline Vlg. NV, 89451 (775) 831-4121

Mailing Address (include city and zip code)

Telephone Number

**REPORT NUMBER 2 - DUE OCTOBER 31, 2000**

Report Period **Begins:** August 24, 2000

Report Period **Ends:** October 25, 2000

**CONTRIBUTIONS SUMMARY**

CHART 11/11/00  
10/30/00  
NO

1. From Report Number 1, total amount of contributions in excess of \$100

0

2. From Report Number 1, total amount of contributions of \$100 or less

0

3. Report Number 2, amount of contributions in excess of \$100

0

4. Report Number 2, total amount of contributions of \$100 or less

\$150.-

From Report Numbers 1 and 2, actual number of  
contributions of \$100 or less 3

5. Interest and income earned, if any, during this report period

0

6. **TOTAL AMOUNT OF ALL CONTRIBUTIONS**

(add lines 1 through 5)

\$150.-

**EXPENSES SUMMARY**

7. From Report Number 1, total amount of expenses in excess of \$100

~~0~~ 101.25 ~~0~~

8. From Report Number 1, total amount of expenses of \$100 or less

~~131.25~~ 131.25

9. Report Number 2, total amount of expenses in excess of \$100

~~1596.20~~ 1596.20

10. Report Number 2, total amount of expenses of \$100 or less

~~175.27~~ 175.27

11. **TOTAL AMOUNT OF ALL EXPENSES**

(add lines 7 through 10)

~~\$1880.-~~ 1922.72

**If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer.**

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/30/00

Date

Bob Wolf

Signature of Candidate

## CAMPAIGN CONTRIBUTIONS

REPORT PERIOD Number 2

BOB WOLF I.V.G.I.D. TRUSTEE N/A  
Candidate's Name (print) Office District (if applicable)

Contributions in Excess of \$100 or, When Added Together Exceed \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK ✓ IF LOAN	CHECK ✓ IF IN KIND
N/A				

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N/A

District (if applicable)

[illegible][illegible]

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BOB WOLF I.V.G.I.D. TRUSTEE N/A  
 Candidate's Name (print) Office District (if applicable)

## Expenses Categories

CATEGORIES	CODE	TOTALS
Office expenses	A	41.95
Expenses related to volunteers	B	20.00
Expenses related to travel	C	0
Expenses related to advertising	D	1870.83 <del>1848.05</del>
Expenses related to paid staff	E	0
Expenses related to consultants	F	0
Expenses related to polling	G	0
Expenses related to special events	H	0
Goods and services provided in kind for which money would otherwise have been paid	I	0
Other miscellaneous expenses <u>Filing Fee</u>	J	30.-

BOB WOLF I.V.G.I.D. TRUSTEE

N/A

Candidate's Name (print)

Office

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
Sign Pro	Advert. Signs	9/19/00	\$219.00
Sign Pro	Adv. Signs	9/28/00	\$219.70
U.S. Postmaster.	mailer Postage	10/10/00	\$809.37
UTI. Printing & Advertiser	Adv. mailer	10/11/00	\$348.19

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## CAMPAIGN EXPENSES

REPORT PERIOD Number 2

BOB WOLF I.V.G.I.D. TRUSTEE

***Candidate's Name (print)***

*Office*

N/A

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District (if applicable)

### Expenses of \$100 or Less

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